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## Asthma is hitting adults in greater numbers

More adults are battling asthma, but nobody's quite sure why that's the case

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As the mother of a young boy with asthma, Tracy Rice never thought that she might be affected with the disease. But when she was in her early 40s, her doctor diagnosed her with it. Since that time, about 15 years ago, Rice has struggled to manage her condition and keep herself out of the hospital.

When she's around smokers, she makes sure she's near an open window or ceiling fan, and she watches for other triggers. Plus, she keeps up with medicines that allow her to stay one step ahead of her illness.

Sometimes, however, the disease gets the better of her.

"My chest starts tightening, and then I can't catch my breath," said Rice, 50, who went to the hospital three times in the past year. "These last two times were really scary."

Commonly thought of as a disease that affects mostly children, asthma has been increasing among adults.

A recent study from Ball State University's Global Health Institute found that nearly 14 percent of Indiana adults have had asthma, similar to national statistics.

Younger adults were more likely to fall into that number, suggesting that asthma has become more common with time. While 16 percent of people ages 18 to 44 said they had asthma at some point, only 11 percent of those 45 and older included themselves in that category.

"We have seen an increasing prevalence of lifetime asthma and also current asthma, and nobody is quite sure why that is," said Dr. Joan Duwve, chief medical officer at the Indiana State Department of Health.

"It is really difficult to tease that out because there are so many variables when you're talking about

asthma."

Potential culprits include an increase in allergens in the air; infections; poor air quality; more time spent indoors with exposure to pet dander, mold and dust mites; and smoking.

Genetics also may play a role. About half of those with asthma have a family member who also has the condition, Duwve said.

"It's always a mystery how these adults suddenly come down with this," said Robin Costley, asthma educator for the Marion County Health Department and coalition manager of the Asthma Alliance of Indianapolis. "A lot of times nothing has changed. They just start having symptoms."

Certain populations seem more affected than others, the Ball State study found. Women are more likely to have asthma than men -- about 16 percent compared with 11 percent. Blacks are more likely than whites to experience it -- about 18 percent compared with 13 percent.

Poverty also seems to be a factor. More than 15 percent of people who have household incomes of \$50,000 or less report having asthma, compared with 12 percent of those at \$75,000 or more, the study found.

Asthma can be costly, especially for those who struggle to control their disease. Attacks may send them to the hospital; in 2009 the cost of asthma hospitalizations in Indiana came to \$122 million, Duwve said.

African-Americans with asthma were hospitalized three times more often than whites and were four times more likely to visit the emergency room with asthma, Duwve said.

The last time Rice went to the hospital, she had to stay two days until she was stable enough to head home.

The Eastside resident recalls one time when she tried to cut the grass. Not realizing it was a trigger, she did not don a mask. Within a few minutes, she couldn't breathe. Recalling a remedy she had learned when her son had asthma as a child, she drank a hot cup of coffee -- tea works too, she said -- and the attack resolved itself.

Recently, Rice sat down with Jamie Lee, an asthma/COPD coordinator with Wishard Health Services, who talked to her about taking her medications and reviewed with her the best way to do that.

"I'm getting a little better control of it now," Rice said. "I wasn't doing it right."

A registered respiratory therapist, Lee tries to help patients who have difficulty controlling the disease. She runs over the proper use of medications and tries to address any obstacles, such as encouraging those who smoke to quit. Other common problems include mold in the home.

In some instances, the problem may be a misdiagnosis, Lee said. Cases of chronic obstructive pulmonary disorder may look like asthma, but the former is brought on by a long smoking history, while the latter has to do with environmental triggers.

Another key difference? Asthma can be reversible if handled correctly, while chronic COPD is not.

"Asthma is very easy to manage," Lee said. "If someone is not in control and is a true asthmatic, they're either not on the right medicine, not taking their medicine, or they haven't expressed their

symptoms in a way the physician can address.

In her position with the Marion County Health Department, Costley makes about 100 home visits a year; about 20 percent of those are for adults. Many newly diagnosed adults find the new list of medications confusing and need someone like Lee or Costley to help them translate it into common practice.

During the home visit, Costley tries to isolate what environmental triggers are contributing to the asthma.

A few visits with Lee helped Richard Tubbs, 58, control his chronic asthma. Tubbs developed asthma as a child. As a young adult, he joined the Marines and routinely ran long distances without a problem, making him think he had shaken the condition.

But later in life, it came back, leaving him unable to take more than a few steps without huffing and puffing. After meeting with Lee about six years ago, Tubbs struggled to quit smoking and changed his medicine.

Now off cigarettes for three years, Tubbs can walk more and feels better. His asthma hasn't sent him to the hospital for about a year. Still, he can't forget how bad an attack feels.

"Asthma is no joke," he said. "It's the worstest feeling in the world when you can't hardly breathe, like a fish out of water."

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